	S A PERMANE	E should be sta ay be properly
MARGIN RESERVED TOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	be carefully supplied. AGI
V. S. No. 1.	WRITE PLAINLY, WITH	N. B.—Every item of information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH In plain terms, so that it may be properly
>.		ż

PLACE OF DEATH  17851	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260
Village or City Reces Cense (No. , )	St.; Ward)  [It death eccorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH Cetolies /2 , 1915 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw healive on Oct /2 ,1915
7 AGE   (Notine) (Day) (Test) 1 day, hrs. 2 yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Ourstion)  (Ourstion)
10 NAME OF FATHER Class Ochanica  11 BIRTHPLAGE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Securitle Fleteless	(Signed)
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs. mos. ds. Stele, yrs. mos. de
(Informant) Sattle & Lope	If not at place of death?  Former or usual residence
(Address) Deces Our Deces 15 Filed 600 4th, 1915 - Floring Principles	19 PLACE OF BURIAL OR REMOVAL  VONNO Fund NEC.  20 UNDERTAKER  James J. WEmins  ADDRESS  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Registrar,	10/y. Saratoga St., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninginia indefinite); Tuberculosis of lungs, meningularity

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uradinia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Corcinoma, Sorcoma, ctc., of......... (name origin; "Caneer" is less definite; avoid use of "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping genital," "Senilc," etc.), "Dropsy," "Exhaustion," nephritis, etc. by railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never ACCIDENTAL, report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915
BUREAU, V.S.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

			5 (	1
Registration	Dist	No	1	0

Ilf death occurred in .....Ward) a hospital or inslitution, give Its NAME lostead

of street and number. ]

CERTIFICATE OF DEATH

1916 (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at..... The CAUSE OF DEATH \* was as follows:

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the

State ..... yrs.

DATE OF BURIAL DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: who receive a definite salary), may be entered as additional line is provided for the latter statement; applies to each and every person, irrespective of age. L. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crebinspiral fever (the only definite synonym is "Epidemic cent brospinal meningitis"); Diphtheria (avod use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho neumonia unqualified, is indefinite): Thirereulcsis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debilty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL scptichae-



statement EXACTLY. F RECORD classified. stated PERMANENT properly rtificate should be ce of may ы back U 40 supplied. 0 ons Instructi terms fully 5 See C w Lu 20 0 informati 0 Very USE 14 0) A O should state C of 8 Z

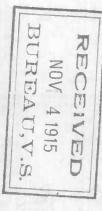
PLACE OF DEATH SICIANS tement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 16 DATE OF 4 COLOR OR RACE DEATH MARRIED 1912 WIDOWE (Month) (Day) (Year) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country 10 NAME OF (Signed) 11 BIRTHPLACE PARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. State, .....yrs. .....moe. .. Where was disease contracted. 14 THE ABOVE IS ARU If not at place of death? Former or usual residence (Address 15 PEGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING NEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," The material worked on may form part Locomotive engineer, Civil But in many cases, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tubercubsis of lungs, meningualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal septichaemia," by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull The eontributory (secondary or intercur-State cause for which Never report mcre



state very	PLACE OF DEATH	STATE OF MARYLAND
D #	County Domersel	CERTIFICATE OF DEATH Registration Dist, No. 2
CORD SICIANS shoul	Village or City dangle No.md	St.; Ward).  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PHY:	FULL NAME WELL TOO	
F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMANEN EXACTL	male Black Single, Single MARRIED, WIDOWED, Single (Write the word)	(Month) (Day (Year)
A PER	don't Known (Month) (Day (Year)	191 to 191 that I leat saw h alive on 191
IIS IS	(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 LESS than 1 day, hrs.  OR. min.?	snd that death occurred on the date stated above, atm.  The CAUSE OF DEATH* was as follows:
INK—TH	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Ocas was
FADING ully supplie t it may b	business, or establishment in which amployed (or employer)  **BIRTHPLACE** (State or country.)	Contributory Secondary
INLY, WITH UNF on should be carefu plain terms, so that ons on back of certil	10 NAME OF FATHER WASHINGTON	(Signed) J-0/ Serious or M. D. (Address) Cisfield 240
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
TE PLAI	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of deathyrsmosds Where was disease contracted.
WRI m of DF D	(Intermant) Terris Bospan (Intermant)	If not af place of death?  Former or usual residence
Every ite CAUSE C important	(Address) Charfield, Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  CLASSICAL OF 7 , 1918  20 UNDERTAKER ADDRESS
N. W.	Pled 191 REGISTRAR	h Jotdams Cripil

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," cer" is less definition and neoplasms); oma, Sarcoma, etc., of, ..... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cte,, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial hephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of void use of "Tumor" for mallg-usles; Whooping cough; Chronic death), 29 ds.; "Exhaustion," For Vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
D. 17854	CERTIFICATE OF DEATH
County	Registered No. 26/
5	Registered No
Village or City (No.	St; Ward) a hospital or institu
	give its NAME ins
2 FULL NAME Agnes Vory	inia Donneull
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Lamole Whate (Write the word)	(Month) (Day) (Year
	17 I HEREBY CERTIFY, That I attended deceased f
DATE OF BIRTH	DefX > 8 1915, to Oct 3 191
(Month) (Day) (Year)	that I last saw handlive on 10-3 191
AGE If LESS than	and that death occurred on the date stated above, at
1 day hre	The CAUSE OF DEATH* was as follows:
yrs. 10 mos. 16 ds. OR min.?	
OCCUPATION	Extranale day
(a) Frade, profession, or particular kind of work	The state of the s
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Quration) yrsmos
BIRTHPLACE	(Secondary)
(State or country)	(Doration) yrs mos.
10 NAME OF FATHER NO	(Signed) Larzalle,
Corene Pornend	10/4 1- 5
In Interplace OF FATHER (State or country)	, 191 (Address)
(State or country)	*State the Disease Causing Death, or, in deaths from Viole: Causes, state (1) Means of Injury; and (2) whether Accide
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, mos, mos, mos, mos, mos, mos, mo
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Cl B	If not at place of death?
(Informant)	usual residence
(Address) morios mi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(AUUI ESS)	Stavolds 107 4, 191
Flied 10/4, 191 V - 7. J. Cellums	20 UNDERTAKER ADDRESB
REGISTRAR	acoDifor Monon
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occulation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (0)

Statement of cause of death—Name, first, the disease causino death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecer" is less definite; avoid use of "Tumor" for mailssuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

7855



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

.Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

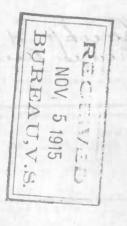
FULL NAME		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Rual Colord Single, Married, Widowed Opposed (Write the word)	(Month) (Day (Year)	
TAGE  (Month)  (Day  (Year)  1 day,hrs.	that I last saw he alive on Sept 18 1915 and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:	
CCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which ompleyed (or employer)	Chronic Bronchiles  (Ouration) yrs. 6 mos. 68.	
OF FATHER  OF FATHER	(Signed) (Ouration) yrs mos ds.  (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Si	
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?	
(Informant)  (Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Truncias Crum Mu  20 UNDERTAKER  ADDRESS  AND A Marian	
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to cach and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPYERAL peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine defaultely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal schichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "luanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustlon,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

Y. B. No. 1.

Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. County. N. B.

1 PLACE OF DEATH

17856

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. Hob

Village or City ylerton (No	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIEO, WIDOWEO, ONDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h & alive on Oct 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
33 yrs mos ds.   If LESS than t day,hrs. orhrs.	and that death occurred on the date stated above, at
COCUPATION (a) Trada, profession, or particular kind of work.  (b) General nature of Industry, usiness, or establishment in which employed (or employer)	(Cute Manutus) (Ouration) yrs mos ds.
BIRTHPLACE (State or country) Tylerton, ned.	Contributory Arescel touvilseous (Secondary)  (Deration)  Grs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)  (Address)  (Address)  (Address)  (Balling Death, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.  Where was disease contracted,
Informant) Ligas . MA KNOWLEDGE	if not at place of death?  Former or usual residence.
Filed Cel. 15, 1815 6 T. Schwalte	20 UNDERTAKER ADDRESS
if more blanks are needed, address State Begintra	

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for ehildbirth or miscarriage, as "PUTEPTERAL septichacample: Meastes (disease causing death), 29 valvular heart discase; Ohronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. oma. Sarcoma. etc., of LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples: For vio-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 268 Ilf death occurred in .....Ward) a hospital or institution, give Its NAME Instead of straet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory.... Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OFFATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or count: 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or count) of death ...... yrs. ..... mos. ..... State ...... yrs. ..... mos. ..... ds Where was disease contracted. If not at place of death? Former or usual residence. BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Eduras & Outo

mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmils," "Old Age," "Shock," "Uraemia," "Weakness," themia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inanition," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," ctc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

	1 PLACE OF DEATH 17858		MARYLAND E OF DEATH
Co	ounty.	Rep	gistered No. 261
Vi	illage or City No. (No. (No. (No. (No. (No. (No. (No.	St;	(It death occurred is a hospital or institution give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3 SE			nth) (Day) (Year) That I attended deceased fro
7 A C	(Month) (Day) (Year)  GE If LESS than 1 day,hrs. ORmin.?	that I last saw h alive on and that death occurred on the date.  The CAUSE OF DEATH * was as followed.	stated above, at 8-30 P, n
(b) busi whi	Trade, profession, or ritcular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)	Contributory (Secondary)	n) yrs. mos. d
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE (State or country)  13 BIRTHPLACE (State or country)  13 BIRTHPLACE (State or country)	(Signed), 191	r; and (2) whether Acciden-
15	(Informant) Successive States of My Knowledge (Informant) Successive States of My Knowledge (Informant) Successive Succes	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UN DERTAKER	DATE OF BURIAL  ADDRESS  Monor

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlossis of lungs, meninges, peritonaeum, etc.. Carcinlossis

childbirth or miscarriage, as "Puerperal septichaemia," "PUEBPEBAL peritonitis," etc. cause. Aiways qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marascer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. 8, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_ ture of the American Medical Association.) "Contributory." sepsis, tetanus) Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



V. S. No. 1.

HYSICIANS statement of	Coun	1 PLACE OF DEATH  17859  1y Sommel-S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260	
TLY. P Exact	Villa	ge or City Princes Ouin (No.	Registration Dist. No.  St.; Ward)  Alexander  [If death occurred in a hespital or institution, give its NAME instead of streef and number.]	
EXAC siffled.	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
tated E	3 SE	* COLOR OR RACE S SINGLE,  MARRIED,  WIDDWED  OR DIVORCEO (Write the word)	16 DATE OF DEATH O.J. 26 ,1915 (Month) (Day) (Year)	
properly	6 OATE OF BIRTH  6 CL 76 1915		17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191, 191	
AGE shoult may be back of cer	(Month) (Day) (Year)		and that death occurred on the date stated above, at	
hat on	V pai	CCUPATION  ) Trade, profession, or ricular kind of work	Sluton	
refully suppli n terms, so t instructions	bus wh	) General nature of lodustry siness, or establishment in ich employed (er employer)	(Buralian) yrs. mos. ds.	
0 0 0 0	- 81	INTHPLACE (State or country)	Secondary (Duralian) yrs. mos. ds.	
ion should be FDEATH In R Important. S	ENTS	11 BIRTHPLACE OF FATHER (State or country)  MAN	(Signed)	
USE O	13 BIRTHPLACE OF MOTHER (State or country)		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the ef death yrs. mes, ds. Siaia, yrs. mea. ds.  Where was disease contracted,	
Every item of its should state CA OCCUPATION	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		If not all place of death?  Former or  usual residence  19 PLACE OF BURIAL OR REMOVAL  OATE OF BURIAL	
N. B.—Every should OCCU	15	(Address) France Que mil.  ed 7726 1915 9 Smill  REGISTRAR  If more blanks are needed, address State Registrar, 1	Francis Cerra 10776, 1915. 20 UNOERTAKER GROWN J. ADDRESS GROWN J. ADDRESS ADDRESS ADDRESS ADDRESS	

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. "Foreman," "Manager," "Dealer," etc., without more business or inclustry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from The question (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is term for the same disease. Examples: time and causation), causing death (the primary affection with respect to Lobar Statement of Cause of Death-Name, first, the DISEASE pncumonia, Bronchopneumonia ("Pneumonia, using always the same accepted "Epidemic ccrebro-Cerebrospinal

> SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . . (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably birth or miscarriage as "Puehperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. "Heart failure," "Hacmorrhage," "lnanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstilial by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound of State cause for which Never report mere

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quescertificate is permanently filed. At the data is essential and must be obtained before



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

stated EXACTLY.

AGE should be

A PERMANENT RECORD

PHYSICIANS

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

N. B.—Every Item CAUSE OF

V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

	327 13	

[if death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

	The same of the sa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male hute Single, MARRIER WIDOVEN (Write (lie word)	(Month) (Day (Year) \  I HEREBY GERTIFY, That I alrended deceased from
6 DATE OF BIRTH May 10, 1833	that I last saw harmalive on October 23,1915
82 5 If LESS than t day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or Notare Morches	adypointery, and
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Quartien) (Quration)
9 BIRTHPLACE (State or country) New York	arteus salaros y
11 BIRTHPLACE  11 BIRTHPLACE  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) Milliams outbourns
(State or country) U York	*State the Disease Causing Death, or, or deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the of death yrs, mos, ds
(informati) Lileau V. Coulbou	Where was disease contracted, if not at place of death?  Under or usual residence.
(Address) Crisfield Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 726, 1945 7 2 admiss	20 UNDERTAKER ADDRESS Smeedling
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the misease For many occupations a single word or term on the who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (7)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaeample: Mcastcs (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. State cause for ennse. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-



RECORD PERMANENT AGE should be UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vii	Page or City Confidence (No	Evun	a hospital or Institution, give Its NAME Instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 s	ATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIEO, WIDDWED, DRDIVDROED (Write the word)	17   HEREBY CERTIFY, That I at	Day (Year)
7 A	(Month) (Day (Year)  GE   If LESS fhan   f day, hrs.   OR min. ?	that I last saw have alive on Och and that death occurred on the date atated ab The CAUSE OF DEATH* was as follows:	
(a) pa	CCUPATION ) Trade, profession, or ritcular kind of work.  General nature of industry, ciness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	(Duration)  Contributory Secondary	yrsmos./ Q. ds.
PARENTS	10 NAME OF FATHER Jourson Counce  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Selician Off ar d  13 BIRTHPLACE OF MOTHER (State or country)  Maryland  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)	deaths from VIOLENT 2) whether Acciden-
	(Informant) Silian Mari  (Address) Crifield Mari  (Address) My KNOWLEDGE	Where was disoase contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Cusfield Centeley  C	

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

No. 1. **0**2



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSINO NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medlcai Association.) cause of death approved by Committee on Nomencia-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Conv genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH 17862



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

Vill	*FULL NAME Francis 50 9	St.; War	d) [If death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day (Year)
6 DA	TE OF BIRTH  (Month) (Day (Year)	that I last saw h Lass alive on A	1 attended deceased from 1915., 1915., 1915.
7 AG		and that death occurred on the date state.  The CAUSE OF DEATH* was as follows	
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF FATHER  Angul Family		(Signed) 6 . Single	yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, in deaths from Violent and (2) whether Acciden-
Δ.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE/TO THE BEST OF MY KNOWLEDGE	or Recent Regidenta)  At place In the of death yrs mos ds. State Where was disease contracted,	
	otormant) Chester Holland	If not at place of death?————————————————————————————————————	
15 File	(Address) Le Louce  Och 25 1915 - LV & REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  Chance 20 UNDERTAKER  L-Y, Webshi	ADDRESS Deals I sland

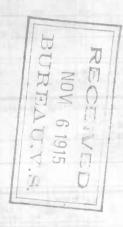
If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the "Collapse, Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "," "Coma," "Convulsions," "Debility" ("Con-"Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon, For vio-



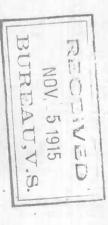
Clarest //a	CERTIFICATE OF DEATH		
or City Duces Rive (No	Registration Dist. No.  St.; Ward)  [If death occurred in a hespitat or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)		
OF BIRTH  (Month) (Day) (Year)	that I last saw handlive on Oct 27 1915.		
63 yrs mes 2 ds. or min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:		
tar kind of work  eneral nature of industry is, or establishment in employed (or employer)  HPLACE ate or country)  Olica	Contributory Secondary  (Burelion) yrs		
NAME OF FATHER Detay Soble  BIRTHPLACE OF FATHER (State or, country)  Service OF FATHER	(Signed)  (State the DINMANS CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental,		
MAIOEN NAME OF MOTHER Between  BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place in the of death yes		
ermant) 2000 Della Solla,	Former or		
(Address) Dices Que 2000	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADORESS  ADORESS		
	PERSONAL AND STATISTICAL PARTICULARS    COLOR OR RACE   SINGLE, MARRIED, WIOOWED   WIOOWED   WIOOWED   Wild the word)  OF BIRTH    Color OR RACE   SINGLE, MARRIED, WIOOWED   WIOOWED   WIOOWED   WIOOWED   Wild the word)  OF BIRTH    Color OR RACE   SINGLE, MARRIED, WIOOWED   W		

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Pealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) ( rovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . surgical operation was undertaken. For VIOLENT DEATHS symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness," MEANS OF INJURY and qualify as or miscarriage as "Puerienal septichaemia," Always qualify all diseases resulting from childrailway train-accident; Revolver wound of The contributory (secondary or intereur-State cause for which Never report mere "Atrophy," ACCIDENTAL,



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

PLACE OF DEATH

County.

17864

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 268

Village or City Chance (No.

\_St.;\_\_\_\_Ward)

[If death occurred to a hospital or lostitution, give its NAME lostead of street and comber.]

\*FULL NAME Oarrie H Green

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX	4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Off H. (Day (Year)
DATE OF B		HEREBY CERTIFY, That I attended deceased from
DAIL OF B	You	2 ( 1915; to ) c/ 5 , 191;
	Jan 25, 1915	that I last saw h (1 alive on Och 3 1912
AGE	(Month) (Day (Year)	
AGE	If LESS than	and that death occurred on the data stated spoke at
	yrs	The CAUSE OF DEATH* was as follows:
OCCUPATIO		- Ontero-Colitis
(a) Trade, profe	essian, or	A44600000000000000000000000000000000000
particular kind	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
usiness, or e	ture of Industry,	
	(or employer)	(Doration) yrs mos
State or	SE COUNTRY A / /	Contributory Omacialista and
(State of	Md.	at the state of th
10 NAME		extraction (Duration) yrs mos
FATH	Tober - Green	(Signed) O.A. Share the state of the state o
11 BIRTI		Och 6, 1913 (Address) Collange
OF F	te or country)	*State the Dispase Carreing Duarty on in deaths from Vice-
11 BIRTI OF F (Stai	EN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID
OF	MOTHER TILL OF THE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
13 BIRTH	HPLACE	OR RECENT RESIDENTS
OF M	other te or country)	At place of death yrs mos ds. State yrs mos.
	E IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs, mos,
	L G G G G G G G G G G G G G G G G G G G	If oot at place of death?
(Informant)-	aura Mille	Former or osoal residence
/14****	la La Colo	10-
	55). 10 Mun CC	- O C
(0.1	1 2 0 0 1	20 March 1916
lled UCL	1915 Tes Systems	20 UNDERTAKER ADDRESS
	REGISTRAR'	2 4 VIII ILO A LA EXALA

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons Salesman, (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (discase causing "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," State cause for death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV.-4 1915 BUREAU, V.S.

No. υż

N.B.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very f certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so See instructions on back of of information should be CAUSE OF Important.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

FULL NAME Linwood Gr	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male, negri Single, Single, MARRIED, WIDOWED, CROWNORED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Many 29, 1915  (Mouth) (Day (Year)	that I last saw harm alive on
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the data stated abova, at
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Hapewell, Mel.	Contributory Secondary
10 NAME OF Mr. Clarence Green  11 BIRTHPLACE OF FATHER (State of country) Lindslynn Md.	(Signed) V. Jan Bleef, M. D.  (Signed) V. Jan Bleef, M. D.  (Signed) V. Jan Bleef, M. D.  (Address) 309 W. Jan Ave.  *State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER MISS MANY Jane Miles  13 BIRTHPLACE OF MOTHER (State or country)  14 Devell, Mal	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds
(Informant) Statistics of MY KNOWLEDGE  (Informant) Statistics Michigan (Address Trape for Melle Mark  15 Filed Oal 8 1915 & Collins	Where was disease contracted, if not at place of death?  Former or usual residence.  19 place of Burial or Removal  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question eated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no oecupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculciss of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstittal nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichae ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-(secondary or intercurrent) For vio-Ex-



### PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. I properly classified. Exact statement carefully supplied. that it may be gentificate. DEATH in plain terms, so that it m. See instructions on back of certificate. of information should be CAUSE OF Important.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 270

Village or City Crispiel RA(No.	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OA 28 , 1915 (Month) (Day (Year)
6 DATE OF BIRTH  May  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 that I last saw h alive on 191
7 AGE (Noyen) (1my (1ear)  15 / yrs 6 mos 6 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Jours Bead in bid :
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Somersel Gr Mul-	Contributory Secondary (Ouration) yrs mos ds
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) It It all M. D. O. D. 1915 (Address) Orinfield His
(State or country)  12 MAIDEN NAME OF MOTHER RISKN M ILSTU	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideNTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  14	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) THE BEST OF MY KNOWLEDGE  (Informant) THE BEST OF MY KNOWLEDGE  (MANUSCO) THE BEST OF MY KNOWLEDGE	It not at place of death?  Former or osual residence
Filed Och 28 191 5 6 6 Collins	Cristiele Cemelen Cet 3/2, 1915.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 14

No. ů

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers nine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT NEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



No. δÔ

state Very PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. classifled. 4 pinous UNFADING INK-THIS properly AGE supplied. certificate. carefully that It 80 of WITH DEATH in plain terms. See instructions on back pinous PLAINLY, of information WRITE CAUSE OF Important. m ż

### PLACE OF DEAT Vitlage or City PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, widowed, ordivorced (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day, .....hrs. O OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE

(Address).....

15

### STATE OF MARYLAND CERTIFICATE OF DEATH

St.; Ward)

Registration Dist. No.26

[if death occurred in

a hospital or Institution.

despe	×	Har		NAME Instead and number.]
	MEDICAL	CERTIFICATE	OF DEATH	
16 DATE O	F DEATH	Ket	50	. 191.51
	.6	(Month)	(Day	(Year)
17		Y CERTIFY, The	at I attended de	ceased from
and that de The CAUSE	ath occurred OF DEATH*	on the date state was as follows	ted above, at 3	,07/ <sub>m</sub> ,
Contribu Seconda	story	(Duration)	yrs	nos. ds.
(Signed)	Y 1915 the DISEASE O		or, in deaths fr	) , M. D.
CAUSES, &	state (1) MEAIDAL, or HOMI	NS OF INJURY;	or, in deaths fr and (2) wheth	er Acciden-
At piace of death	yrs, mos sease contracted, of death?	In th	Ls, Institutions, e	
Sh (	aulo	R REMOVAL	DATE OF B	URIAL J, 191
20 UNDERT	TAKER	endy	ADDRESS	Car

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, ete. fication as Day laborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mitt; (a) Satesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nisease causing nearh (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carcin-

mia," "Puerrenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (mcrely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) vatvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgleal operation was undertaken. ete., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of (discase eausing death), 29 ds.; (secondary), 10 ds. Never report "Exhaustlon," For vio-



### RECORD PERMANENT EXACTLY. pinous UNFADING INK-THIS ACE supplied. carefully WITH should PLAINLY, of Information WRITE

PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS 2FULL NAME Exact statement PERSONAL AND STATISTICAL PARTICULARS SEX 5 SINGLE, COLOR MARRIED, WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than 1 day,.....hrs. OR. 30 min. ? properly OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry, business, or establishment in тау which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER-20 of on back ARENTS 11 BIRTHPLACE plain terms. OF FATHER (State or country) 12 MAIDEN NAM See Instructions OF MOTHER 2 13 BIRTHPLACE OF MOTHER (State or country) DEATH 0 CAUSE OF Important. (Address) 15 0 REGISTRAR ż

### STATE OF MARYLAND

1	CERTIFICATE OF DEATH
-	Registration Dist, No. 2 60
2	Verm and Hamseum [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	MEDICAL CERTIFICATE OF DEATH
	(Month) (Day (Year)
	1 HERESY CERTIFY, That I attended deceased from 1915., 1915.,
	that I last asw has allve on CCT 13 1915
	and that death occurred on the date stated above, at 830 m.
	The CAUSE OF DEATH* was as follows:  Order Cause 30 demonstrates  Office Course  (Duration) yrs. mos. ds.
	Secondary
	(Signed) (Duration) yrs mos ds. (Signed) D. (Address) C.
1	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?
3	Former or casual residence

2 RUNDORTAKER ADDRESS

If more blanks are needed, andress State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmor or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal menlugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perifonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

St.;Ward)	[If death occurred to a hospital or institution
	give its NAME loster of street and number.]

FULL NAME	Hayman of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, WIDOWED, Orngle ORDIVORCEO (Write the word)	(Month) (Day (Year)
Geril 24, 19/5  (Month) (Day (Year)	that I last saw in Mailve on Cut have 4, 191 S.
7 AGE  1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at \$ 209 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	John Stylling III
(b) General nature of Industry, business, or establishment tn which employed (or employer)	April 24 (Duration) yrs. 5 mos 1/ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Edmin Hayman  11 BIRTHPLACE OF FATHER (State or country)  Marylland	(Signeg) Catherine Constitution (Duration) (Signeg) (Duration) (Duration) (Signeg) (Signeg) (Duration) (Durati
12 MAIDEN NAME OF MOTHER MAY Lloys  13 BIRTHPLACE OF MOTHER (State or country) Mary Mars	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
(Informant) Lay Lynnes Curne	Where was disease contracted, If not at place of death?  Former or  Usual residence
Filed Get 6 2, 1915 - F Simile REGISTRAR	Prices and M. 173 , 1985: 20 UNDERTAKER ED. Walson Prices and
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state ocenpation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease fication as Day taborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mitt; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

scnsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. ete. The contributory (secondary or interenrrent) valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) eanse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. For vio-Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915
BUREAU, V.S.

V. S. No. 1.

N. W

1 PLACE OF DEATH

	17870	STATE OF MARYLAND
Cou	nty Occupat	CERTIFICATE OF DEATH
		Registration Dist. No. 768
Villa	2 FULL NAME	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH
36	MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Oct: 1.14. 19N	, 191, to, 191,
	. (Month) - (Day) (Year)	that I last saw h, 191,
7 AC		and that death occurred on the date stated above, atm.
	yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows: .
o pa	CCUPATION a) Trade, profession, or cufacities work	
bu	b) General nature of lodustry siness, or establishment in hich employed (or employer)	(Ouration) yrs. mos. ds.
	IRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER Malleras Way wan	(Signed) Classification yrs mos ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARE	12 MAIDEN NAME OF MOTHER  Lewella White	CAURES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ef death yrs. mes. ds. Stele, yrs. mes. ds. Where was disease contrected,
14 T	(Informant) The BEST OF MY KNOWLEDGE	fl not at piece of deeth?
	(Address) Prices Decen Dec	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fi	160 1/14 , 191 5 Think	20 UNDERTAKER ADDRESS Doming Come
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage as "Puerperal septichuemia," Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECL.VED NOV, 5 1915 BUREAU, V.A.

V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so important. 8

Village or City

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

If death occurred in a hospifal or institution, give its NAME instead of street and number.]

PERSONAL AN	ID STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICAT	E OF DEATH
Escale W	OR OR RAGE  5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the W	Inshul	(Month)	(Day (Year)
6 DATE OF BIRTH	R 1		Nal . A	hat I attended deceased from
. 4	ch 25	1913	1915, to	9 19 km
	(Month) (Day	(Year)	that I last saw hld alive on	7/W OCK 1910
<sup>7</sup> AGE	1	If LESS than	and that death occurred on the date st	
4	vrs 3 mos o ds	f day,hrs.	The CAUSE OF DEATH * was as follow	18:
BOCCUPATION	0	The state of the s	Tholerada	faulure)
(a) Trade, profession, or	1 taul		000000000000000000000000000000000000000	J
(b) General nature of industry,			***************************************	**************************************
business, or establishment in which employed (or employer)			(Duration)	yrsmosds.
9 BIRTHPLACE	0		Contributory	
(State or country)	Jomorsof (	OR	Secondary	
10 NAME OF	100	9	(Duraflon)	yrs, mos ds.
FATHER . /2	as Vileot	h)	(Signed) Nas-w, Wille	ween of N.O.
OF FATHER		7	Wek 39 , 1915 (Address) An	centime ma
11 BIRTHPLACE OF FATHER (State or country  12 MAIDEN NAME OF MOTHER	y) Nonce	0	*State the DISEASE CAUSING DEATH CAUSES, State (1) MEANS OF INJURY	, or, in deaths from VIOLENT
	Pi, - 1		TAL, SUICIDAL, OF HOMICIDAL.	, and (2) Whether Acciden-
<u>a</u>	race Nee.	Ser	16 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS)	ALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	Am O		At place !n	
(State or country		1	of death yrs mos ds. Sf Where was disease contracted,	ate yrs ds
14 THE ABOVE IS TRUE	TO THE BEST OF MY KNOW	LEDGE	If not af place of death?	0-90 0-000 000 000 000 000 00 00 00 00 00 0
(Intormant)	D-Vresy	V (m)	Former or usual residence	
(Address) John	100 x Clave	ma	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16	0.	, , , , , , , , , , , , , , , , , , ,	France Co.	1/31 1915
Filed / 0/ 3 A 191	5- 975	1	20 UNDERTAKER	ADDRESS
Files. 2.3. 5	A A A A A A A A A A A A A A A A A A A	REGISTRAR	E 0. 61612	Both
If r	nore blanks are needed, addy	ess State Regis	trar, 6 E. Franklin St., Balto., Requesting	V S No 1



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Tuerperal septichaeetc., when a definite discase can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affectiou need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Semile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV. 5 1915 BUREAU, V.S. UNFADING

PHYSICIANS statement PERMANENT supplied. 0 back ATH in plain instructions WRITE 0 OF mportant. Every

should si NOI

OCCUPATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fif death occurred in .....Ward) a hospital or institution, give its NAME instead ot street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO. OROIVORCEO (Write the word) 17 ! HEREBY CERTIFY. That I attended decessed from 6 DATE OF BIRTH (Day) (Month) (Year) it LESS than TAGE and that death occurred on the date stated above, at ... 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION / (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Z OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER State ..... yrs. \_\_\_\_ mos. ..... ot death ..... yrs. ..... mos. ..... ds. (State or country) Where was disease contracted. If not at piace of death? usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). gainfully employed, as At school or At home. Care duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cer" is less definite; avoid use of "Tumor" for mallgsuch, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronia cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of \_ ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Never report de.;



MARGIN RESERVED FOR BINDING

CSICIANS should OCCUPATION IS RECORD jo statement PERMANENT EXACTLY. classified. P properly 0 4 supplied. pe FADING may certificate. 50 back terms should 0 plain instructions Information 2 ATH OF CAUSE OF Important. item Every II

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state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St:....Ward) (No. a hospital or institution, give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX MARRIED, WIDOWED, (Month) (Day) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death State ..... yrs. ...... yrs. ..... mos. ..... ds. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman."

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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RECEIVED
NOV. 4 1915
BUREAU, V.S.

PHYSICIANS should state of OCCUPATION Is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. AGE should be UNFADING INK-THIS IS carefully supplied. that it may be WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s

### DEATH in plain terms, so that it man See instructions on back of certificate. Important. N. B.-

1 PLACE OF DEATH

17874



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in

2FULL NAME JESSEYSON &	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX W 4 COLOR OR RACE S BINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ON 1915 (Year)
6 DATE OF BIRTH  Seb. 1862  (Month) (Day (Year)	that I last saw hamalive on Och 5, 1915.
7 AGE  11 LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or parficular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Gulmonan Jubereveoser  (Duration) 5 yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF Edgas A Alassa	Contributory Continuity Secondary  (Duration) yrs mos ds.  (Signed) F. Hall
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTH	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informanf)	Where was disease confracted, If not at place of death?  Former or usual residence.
16 Cal/9,191 CE Collins Flied Cal/9,191 CE Collins	3 DORESS  19 PLACE OF BURIAL OR REMOVAL  BURIAL  20 JUNDERTAKEN  ADORESS  ADORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

No. 1. V. S.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merciy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canturc of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably by earbolic acid-probably suicide. The nature of the The contributory Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," Ex-



V. S. No. 1.

N.B.

	PLACE OF DEATH	STATE OF MARYLAND
	Some sell 11010	CERTIFICATE OF DEATH
Coun	1 /	Registration Dist. No. 270
	71 1 = - 171.	Registration Dist. No.
Villad	ge or City Hapeinel , Milli,	St.; Ward) [If death occurred in a hospital or institution,
	20:	give its NAME instead
	2 FULL NAME Clanes Elizaber	of street and number.]
	- FULL NAIVIE	
	PERSONAL AND STATISMICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	WINTER LED.	16 DATE OF DEATH Of 13 1915
to	On MOKA OR DIVOROED	(Month) (Day) (Year)
	(Write the word)	17   HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	(1) 12, 1915, to (1) 3, 1915,
	March 14, 19/5	that I last saw her alive on acx 13, 1915,
7 AG	(Month) (Year)	and that death occurred on the date stated above, at 6:30 Am.
· AG	1 day, hrs.	
	yrs. mes. Z. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 00	CCUPATION	Stanton-Parton to
# (2	) Trade, profession, or The tarry	The color of the color
6.0	) General nature of industry	
	siness, or establishment in ich employer)	(Durallen) yrs. mos. 2 ds.
	IRTHPLACE	Contributory
	(State or country) Pasemell, mel.	Secondary
	10 NAME OF	(de.
	FATHER M. It has Dane Johnson	(Signed) , M. O.
S	11 BIRTHPLACE	100, 13 1915 (Address) 30 Mar. March of Bis
z	OF FATHER (State or country) Repended Ind.	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTIOENTAL,
PARENTS	12 MAIDEN NAME	SUICIDAL OF HOMICIDAL.
A A	OF MOTHER Maygre Ward	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER LAND AND AND AND AND AND AND AND AND AND	At piece In the
	(State or country)	ef death yrs. mes. ds. Stete, yrs. mes. ds.  Where wes disease contracted,
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If net at piece of death?
	(Informant) Mrs maggie So Johnson	Former or usual residence
	10. 0 1 han 11 :	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) to openall mol	Harrourell. Oct 14 191 8
15	000000	No recorded
FI	100 Weh/4, 1915 - 60 6 Calline	26 UNGERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
	REGISTRAR	January or prosum   - 11 )
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be "Foreman," "Manager," "Peuler," etc., without more precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe dutics of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon of the second statement. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sylphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee mus," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "Puenperal perilonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoins or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinama, Sarcoma, etc., of . . . . . chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,"



Very SICIANS should occupation is PHYSICIANS RECORD 0 PERMANENT proper UNFADING INKsupplied. pe 0 terma. n back PLAINLY Instructions pisi = AT WRITE A Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. (If death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at. 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, er particular kind of work. (b) General nature of industry, business, or establishment io (Duration) Charges which employed (or employer) ..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ...... yrs, \_\_\_\_ mos. \_\_\_ ds. ot death ...... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE It not at place of death?-Former or OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public. Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for For VIO-



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ORD	CTLY, PHYSICIANS d. Exact statement of	Cour	igo or City Prices Caine (No.	7
SEC(	EXA		PERSONAL AND STATISTICAL PARTICULAR	? 5
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3	SEATH portan	RENTS	11 BIRTHPLACE OF FATHER (State or country)	
PLAINLY,	of D	PAR	12 MAIDEN NAME OF MOTHER maye Courte	
	Inform SAUSE N is ver		13 BIRTHPLACE OF MOTHER (State or country)	
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	sho OC	15	1.0 028.	

1 PLACE OF DEATH

17877

LARS

(Year) If LESS than 1 day, hrs. OR - min. ?

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

<b>S</b> ;	Ward)	[If death occurred in a hospitat or institution, give its NAME instead of street and number.]
MEDICAL C	ERTIFICATE	OF DEATH
6 DATE OF DEATH	Octob	/7 101.5
00010000000000000000000000000000000000	(Month)	, 191
	1, to	
and that death occurred	on the date s	tated above, atm.
Stree	(Duretion)	yre ds.
Signed)  *State the DISEASE CA CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL		
B LENGTH OF RESIDENCE OR RECENT RESIDENCE At place of deeth yrs. mss. Where was disease contracted, if not at place of deeth? Former or usuel residence	In the	
PLACE OF BURIAL OR RI	EMOVAL	DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonilis," etc. cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull as "PUERPERAL septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915 BURFAULV.S.

-Zvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

V. S. No. 1.

m Z

1 PLACE OF DEATH

County County 17878	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Salrah (No	Registration Dist. No. 26 8  St.; Ward)  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH  October 26, 191  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased fro  Oct 2 , 1915, to Oct 26 , 1915  that I last saw here alive on 19722 , 1915
TAGE  It LESS than 1 day,brs. ORmin.?	and that death occurred on the date stated above, at A The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER John Jones  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)  (Signe
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  John Jones	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At piece In the ef deeth
(Address) Babrish med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19726, 1915



[Approved by U. S. Census and American Public Health
Association.]

engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Dey laborer, Farm laborer, Laborer "Foreman," "Manager." "Feeler," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) rocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiwrite None. taken to report specifically the occupations of persons business or industry, and therefore an additional line Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in the second statement. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, At home. Care should be Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. Yor violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercureough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. birth or misearriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Maras-"Senile," etc.), "Dropsy," "Exhaustion," State cause wound



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RI Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.	2	H
WRITE PLAINLY, WITH UNFADING INK—THIS IS A Very Item of information should be carefully supplied. AGE should be sAUSE OF DEATH in plain terms, so that it may be properly classified. mportant. See instructions on back of certificate.	PERMANENT	tated EXACTLY.  Exact statement
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YSICIANS should OCCUPATION IS

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County... Registration Dist. No. [If death occurred in .....Ward) a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED Murrer ORDIVORCED (Write the word) 1919 (Day (Year) (Month) 17 I HEREBY CERTIFY. That Pattended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE \_\_\_\_\_, 191 . (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country) of death ..... yrs. .... mos. .... ds. State ..... yrs. \_\_\_\_ mos. \_\_\_ 14 THE ABOVE IS Where was disease contracted. If not at place of death? Former or (Informant). usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 3/ , 1918 15 20 UNDERTAKER REGISTRAR If more/blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

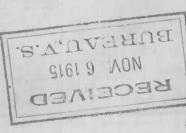


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutests of lungs, meninges, peritonacum, etc., Carcin-

etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the "Contributory." is less definite; avoid use of "Tumor" for malig as fracture of skull, and consequences (e. g., Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; State cause for Never report



1 PLACE OF DEATH

Coun	ty Jongson	CERTIFICATE OF DEATH
		Registration Dist. No. 260
Villag	ge or City (No.	St.; Ward)  [If death occurre a hospital or institute give its NAME institute of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	Beach ( Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Y
6 DAT	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased
	(Month) (Day) , 1 9/3-	that I last saw h alive on
7 AGE	E If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
-	yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) part (b) busi	Trade, profession, or ficular kind of work  General nature of lodustry liness, or establishment in ch employed (or employer)	Insting Door lan may hon bur Down Gulladinal (Destinal investinal in moral
9 BII	RTHPLACE (State or country) Struct Co.	Secondary Liabwas from
	10 NAME OF FATHER Win James	(Signed) 9 Shuih (Not in setudone)
STN	11 BIRTHPLACE OF FATHER (State or country) (State or country)	State the DISHARE CAUSING DEATH, or, in deaths from VIOLE
ARE	12 MAIDEN NAME OF MOTHER 13	CAUSES, state (1) Means of Injury; and (2) whether Accidenta Suicidal or Homicidal.
a.	13 B'RTHPLACE OF MOTHER (State or country)  Seminel W:	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the ef death yrs
	(Informant)	Where was disease contracted,  If not at piecs of death?  Former or  usuel residence
	(Address) Omen Cum	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fliet	10/21 1915 - 9.9 Smith	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Registrar, 1	W- Jours Volume

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Houseof the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Auto-Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, At home. Care should be If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness, symptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichurmia," "Puerperal peritonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver Always qualify all diseases resulting from child-"Senile," etc.), Never report mere wound



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### 3 SEX 6 DAT TAGE e occ (a) Ti partic (b) 0 busine which BIR PARENTS 14 TH (In 15

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[If death occurred in

FULL NAME alfred J. L.	give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Married or over the word)	16 DATE OF DEATH  (Month) (Day (Year)
(Month) (Day (Year)	that I last saw h we alive on Oct 7, 1915, and that death occurred on the date stated above, at 2 m,
GJ yrs mos 2 ds. or min.?  CUPATION ade, profession, ar Sulamun in See Fuelory water kind of work Sulamun in See Fuelory	The CAUSE OF DEATH* was as follows:  Arterio Sclerosco
eneral nature of industry, ss, or establishment in employed (or employer)	Contributory Par alguer mos. ds.
ONAME OF Same Lawson	Secondary  (Duration) yrs mos ds.  (Signed) , J.
1 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
lormant)	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address). 191. 2 A PROPERTY REGISTRAN  If more blanks fird needed, address State Regist	19 PARCE, OF BURIAL OR BEMOVAL  CUSTICLA CONNETEN ON 1915  20 AND LAWSON CUSTICLA  PORESS  CUSTOM  CUSTICLA  PORESS  CUSTOM  CUSTICLA  CUSTOM  CUSTOM  CUSTICLA  CUSTI
in more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore au ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eausing neath, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the nisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Can-"Contributory." (Recommendations on statement of injury, as fracture of skull, and eonsequenees (e. g., Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. Examples: Accidental, suicidal, or homicinal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenltal," "Senile," etc.), "Dropsy," "Exhaustlon," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; may be stated under the head of "Convulsions," "Debility" ("Con-(seeondary or lutereurrent) State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

# 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	that I last saw here alive on Company of the last saw here alive on the las
7 AGE   If LESS than 1 day,hrs.   ORmin.?	and that death occurred on the date stated above, at
OCCUPATION  (a) Trade, profession, or particular kind of work	(Duration) yrs 2 mos ds.
OBIRTHPLACE (State or country)  10 NAME OF FATHER Archit Let	Contributory & Maliation & Secondary Secondary (Duration) yrs mos ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) (Informant)	If not at place of death?  Former or usual residence
(Address) and and and and Filed Oct 19 15- 111. S. Milly REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Lances Dealis Of 18 1915  20 UNDERTAKER ADDRESS  L. G. Welshi Weals Islama
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonacum, etc., Carcin-

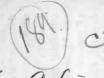
cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal poritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion,"



RECORD PERMANENT UNFADING INK-THIS Ifem of Information should be CAUSE OF Important. S

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state? DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male Bell Single, Surgle Widowed, Ordivorced (Write the word)	16 DATE OF DEATH
6 D	(Month) (Day (Year)	that I last asw h designive on
7 A		and that death occurred on the date stated above, stm, The GAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION ) Trade, profession, or ricular kind of work	(Duration) yrs mos ds
	RTHPLACE (State or country)	Contributory Secondary  (Ouration)yrsmosds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS, or Recent Residenta)  Af place In the of death yrs, mos, ds.	
Ł,	(Interment) Willis Long.	Where was disease contracted, if not at place of death?————————————————————————————————————
15	(Address) Foromobe ed 10/19 1913 - Caffrie.	Juney Chapel, DATE OF BURIAL 10/1915.

e ngeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOVI-3 1915 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

County Doccesette 17883 (66) Village or City Mealour (No.	CERTIFICATE OF DEATH  Registration Dist. No. 264  St.: Ward)  [If death occurred in
2 FULL NAME Edward Swadd	a nospital or institution,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 OATE OF DEATH  October 4, 1915.  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h Assalive on Oct 4 ,1915,
7 AGE  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at & m.  The CAUSE OF DEATH * was as follows:  Veriflegia
particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. ds,  Contributory Secondary  (Ouration) yrs. mos. da.
10 NAME OF FATHER HEURY Madded  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Address) Access Acce
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place In the of death yrs. mas, ds. State, yrs. mos. ds. Where was disasse contracted, if not at place of dasth?  Former or usual residence
(Address) Westwer Mel	19 PLACE OF BURIAL OR REMOVAL  Hestorer  20 UNDERTAKER  H. S. Welson  Faiment Mcd.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) (rocery; (a) Foreman, mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the dispasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound "Senile," etc.), "Dropsy," State cause for which Never (Recommendations "Exhaustion," report mere



S. No. 1.

N.B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

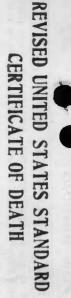
Registration Dist. No

Village or City

St.;....Ward)

[If death occurred in a hospital or institution, give Its NAME instead of street and number.]

PERS	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
DATE OF BIR		that I last and be settled as the
7 AGE	3 yrs 8 mos 6 ds OR m	than and that death occurred on the date stated above, atm,m,m,m,
(a) Trade, profess particular kind of (b) General nature business, or esta which employed (c)	sion, or work	might (Ouration) yrs mos ds.
9 BIRTHPLACE (State or co	ountry) red.  OF ER Worian Mills	Contributory Aydra explication Secondary  (Buration) 3 yrs 6 mos ds.  (Signed) Class File , M. D.  M. D.  Address) Princes Quentary
(State  12 MAIDER OF MO	N NAME Willie maures Steve	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
	is true to the Best of My KNOWLEDGE  Warran Mills	of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.  19 place of Burial or Removal  Chicago Appress  20 UNDERTAKER  Appress



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: uess. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freeman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intereurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "PUERPERAL septichae-"Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very of information should be carefully supplied.

\*\*DEATH in plain terms, so that it may be see instructions on back of certificate. Every Item of information should be CAUSE OF DEATH in plain terms, s. Important. N. B.

1 PLACE OF DEATH County V

17885



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 270

Village or City Corefield (No.	St.;Ward) [It death occurred in a hospital or institution,
FULL NAME & anu M M	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDINORCED (Write the word)  8 DATE OF BIRTH  MOV  1915	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  (Day  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  (Day  (Nonth)  (Nonth)  (Day  (Year)  1915  (Month)  (Day  (Year)  1915  (Month)  (Day  (Year)  1915  (Month)  (Day  (Year)  1915  (Month)  (Day  (Year)  1915
(Month) (Bay (Year)  7 AGE  if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Irade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  7 Maryland	Contributory Secondary
10 NAME OF FATHER JUNIES M. Moore  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
Filed Web 29 1915 Lo Collins REGISTRAN  If more blanks are needed, address State Regist	Osbury Cemelery Od 30 1., 1915.

No. ů



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlou is very important, so that the relative healthfulbeen changed or given up on account of the disease gainfully employed, as At school or At home. material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



should is OCCUPATION PHYSICIANS RECORD statement PERMANENT 4 properly ш supplied. pe UNFADING may certificate. 20 o WITH terms, n back should uo plain instructions Information 2 DEATH ō Item E OF OF Important. Every

state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or Institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Day (Year) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. OR ..... ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Ouration) which employed (or employer) . 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, OF In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO TH If not at place of death? Former or usual residence. BURIAL OR REMOVA DATE OF BURIAL 15 20 UNDERTAKE ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

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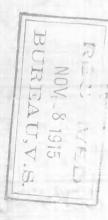
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[Approved by U. S. Census and American Public Health Association.]

of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, ctc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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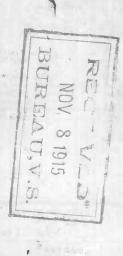
Coun	Somerse 17867 (10)	STATE OF MARYLAND CERTIFICATE OF DEATH
Villag	ge or City Crisfield (No. 10, S.	Registration Dist. No.  [If death occurred in a hospilal or institution, give its NAME instead of street and number.]
1. "	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE. 7 AG	TE OF BIRTH  Marsh 15 1915  (Month) (Day)	16 DATE OF DEATH  (Month)  (Day)  (Year  17   HEREBY CERTIFY, That I attended deceased from 1915, to 1915  that I last saw how alive on 1915  and that death occurred on the date stated above, at 3.50  The CAUSE OF DEATH * was as fellows:
par (b	yrs. mos. ds. OR min.?  CCUPATION ) Trade, profession, or ricular kind of work ) General nature of industry	Entero-Colitis
whi	siness, or establishment in ich employed (or employer)	Contributory Secondary
whi	ich employed (or employer)	Contributory

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Screant, Cook wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But in many "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the pature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," But in many eases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of or miscarriage The nature of the injury, as fracture of skull "Senile," etc.), as "Pubrperal septichaemia," Never report mere



PERMANENT BINDING should 20 THIS ERVED INK supplied. UNFADING ESI 0 MARGIN WITH Information WRITE 0

Item

No.

02

Ø shoul

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH 100 Registration Dist. No. CCUPATION Ilf death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number. I statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEA MARRIED. WIDDWED. (Month) (Day (Year) ORDIVORCED HEREBY CERTIFY, Thetal attended deceased from classified. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 mos..... properly OCCUPATION (a) Trade, profession, or particular kind of work be (b) General nature of Industry, business, or establishment in (Duration) may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 1 that 10 NAME OF FATHER 20 0 back ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIOAL, or HOMICIDAL. 60 12 MAIOEN NAME plain instructions OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 5 13 BIRTHPLACE Af placa In the OF MOTHER (State or country EATH of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_ Where was disease contracted. 14 THE ABOVE IS TRUE TO See See If not at place of death? Former or CAUSE OF Important. S (Informant) usual residence Every It OR REMOVAL DATE OF BURIAL (Address)..... 15 1975 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uee-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease gainfully employed, as At school or At home. material worked on may form part of the second Civit engineer, Stationary fireman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," But lu many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. mere symptoms or terminal conditious, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenciasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitiat nephrilis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



N. B. No.

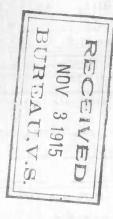
PLACE OF DEATH	STATE OF MARYLAND
County Someract 1980	CERTIFICATE OF DEATH
County Someway 7889	Registered No. 262
Village or City Pack	St; Ward)  [If death occurred le a hospital or Institution, give its NAME lustead of street and number.]
* FULL NAME IM O MEGCIN	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Male Colored (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Unknown	Oct. 2 , 191 to oct. 3 , 1915
(Month) (Day) (Year)	that last saw h Man alive on OEI. 3 1915
TAGE Count Confessor  yo, mes. ds. OR min.?	and that death occurred on the date atsted above, at 12.302 m, The CAUSE OF DEATH * was as follows: Revaluation
OCCUPATION (a) Trade, profession, or Thamle	
(b) General nature of industry, business, or establishment in	(Duration) yrs mos 2/2 ds.
**SHITHPLACE (State or country)	(Secondary) (Secondary) (Deration) 80 yrs mos s
10 NAME OF FATHER Qunknown	(Signed) Saac T Costono, M. D. Och 8th, 1915 (Address) Framoha Ind
Z (State or country) Cankensus	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
MY OF MOTHER CANENOWN	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
of Mother (State or country) anknown	At place is the of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
(Informant) (Informant)	If not at place of death?————————————————————————————————————
(Address) ocomoke -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Tonley Charlet ADDRESS  ADDRESS
Filed ,191 REGISTRAR	Stevenson Bros. Pocomba
If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

applies to each and every person, irrespective of ago. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the dibrarbase causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accigenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-"Contributory." "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



PLACE OF DEATH

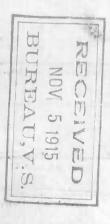
	PLACE OF DEATH	STATE OF MARYLAND	
Count	y Somerset 1898(1)	CERTIFICATE OF DEATH  Registration Dist. No. 260	
Villag	e or City Julian (No. , 2 FULL NAME Clinton	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE)	Nale Color or RACE   5 SINGLE, MARRIED, Shige WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year  THEREBY CERTIFY, That I attended deceased from	
6 DA	TE OF BIRTH	Oct 4 1915, to Oct 7 1916	
	(Month) (Day) 1915 (Month) (Day)	that I last saw h alive on Oct 7 , 191	
7 AGI	E If LESS than	and that death occurred on the date stated above, at	
	yrs. 5 mos. 14 ds. OR min.?	The CAUSE OF DEATH * was as follows:	
8 00	CUPATION ) Trade, profession, or ficular kind of work	Thumous	
(b) bus whi	General nature of Industry cliness, or establishment in ich employed (or employer)  RTHPLACE (State or country)  Ventor  The control of the country of the c	Contributory Secondary Sugar Solution (Quration)	
	10 NAME OF Herman H. Rack,	(Signed) (Si	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Vetter V. Pack		*State the DIMEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OF RECENT RESIDENTS)	
	(Informant) Derman & Pack	if not at place of death ?  Former or usual residence	
	(Address) Venton ml	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15 File	ed 15/8, 1915 Flinch REGISTRAR	20 UNDERTAKER  Win James  Princis	
	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	
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[Approved by U. S. Census and American Public Health Association.]

& yrs.). wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day loborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal facer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid facer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

and consequences (e. g., sepsis, telonus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which Struck by roilway troin-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakbess," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report merc Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discose; Chronic interstitud ges, peritonacum, etc., Corcinoma, Sorcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of corbolic acid-probably



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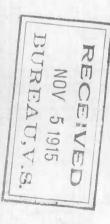
Coun	ty Oor	ueroet :	17800=	STATE OF MARYLAND CERTIFICATE OF DEATH
		. គេខ្នាត		Registration Dist. No. 260
Villaç	ge or City	NAME Stock	Peace Duith	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x le	COLOR OR RACE	5 SINGLE, MARRIEO, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year
6 OA	TE OF BIRTH	0	e (2) 1915	I HEREBY CERTIFY, That I attended deceased from Oct 15, 1915, to Oct 16, 1915
7 AG	Ē	yrs. 4	th) (Day) (Year)  If LESS than 1 day, brs.	and that death occurred on the date stated above, at 102
	ficular kind of			
whi 9 pu	General nature iness, or establi ch employed (or RTHPLACE (State or country	shment in employer)		Contributory Secondary
S T N H	iness, or establich employed (or RTHPLACE (State or countries of FATHER 11 BIRTHPLA OF FATHER (State or 12 MAIOEN 12 MAIOEN 11 BIRTHPLA (State or 12 MAIOEN 12 MAIOEN 13 MAIOEN 14 MAIOEN 15 MAIOEN 15 MAIOEN 15 MAIOEN 16 MAIOEN 17 MAIOEN 17 MAIOEN 18 MAIOEN	shment in employer)  y)  CCE ER Country)	Direchett	•••
S L N H C A C A C A C A C A C A C A C A C A C	iness, or establich employed (or RTHPLACE (State or countries of FATHER	shment in employer)  y)  ce d  ce er country)  NAME HER  country)	Denskett Md	(Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentals.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Collon engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenperal septichuemia," by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," important. nound.



PERMANENT ciassified pinous properly supplied. pe UNFADING may certificate. 00 back terms. 0 plain See Instructions of Inform DEATH Every Item CAUSE OF OF mportant.

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### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred la -Ward) a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, 16 DATE OF DEATH MARRIED, Cham , 1910 WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at .... 1 day .....hrs. The CAUSE OF DEATH\* 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or amployer) Con ributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) ARENT (State or country) \*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_ yrs. ... State ..... yrs. \_ Where was disease contracted. If not at place of death?.. Former or usual residence. 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honschold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Conynisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ecr" Is less defiuite; avoid use of "Thmor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF MONICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles "Senile," cte.), may be stated under the head (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhanstion," Never report



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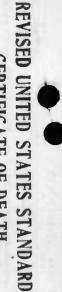
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### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) a hospital or Institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED WIDOWED. (Month) (Day OROIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Year) TAGE If LESS than day .....hrs. SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment In which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted, If not at place of death?..... usual residence DATE OF BURIAL 15

20 UNDERTAKER DDRESS REGISTRAR If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

Ilt death occurred la

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### [Approved by U. S. Census and American Public Health CERTIFICATE OF DEATH

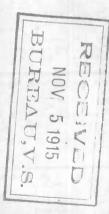
Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retlred from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonacum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same discase. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonla," unqualified, is Indefinite): Tubercu-"Croup";) fever (the only definite synonym is "Epidemie cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral schiichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a dcfinite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (sceondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



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should is OCCUPATION PHYSICIAN RECORD o statement PERMANENT Exa classified. 4 THIS properi INK supplied. pe UNFADING may certificate. 0 0 WITH terms, n back uo plain DEATH in plain WRITE OF Every item CAUSE OF Important. z

Very

### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lif death occurred in .Ward) a hospifal or institution. give Ifs NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO, 1915 OR OLVERCED WORD) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than f day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the CF MOTHER (State or country of death ...... yrs. ..... mos. ... Sfate ..... yrs. \_\_\_\_ mos. \_ ds. Where was disease contracted, IS TRUE TO If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

If more blacks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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REGISTRAR



[Approved by U. S. Consus and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "l'UERIERAL peritonitis," etc. State mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerpenal septichacctc., when a dcfinite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Aiways qualify all diseases resulting from Measles "Schile," (Recommendations on statement of (discase causing death), 29 ds.; etc.), "Dropsy," "Exhaustlon," cause for



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S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very County Somerset 1888
Village or City Manahim (No. carefully supplied.

that it may be pi Every Item of information should be c CAUSE OF DEATH in plain terms, so important. See instructions on back of Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 264

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead

FULL NAME Toillie Mary	Wattus of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED	(Month) (Day) (Year)	
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Oct. 25. 1915 to Oct. 29 1915.	
(Month) (Day) (Year)  AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at S. 10 A.m., The CAUSE OF DEATH * was as follows:	
yrsmos3 ds.   ORmin. ?  OCCUPATION (a) Trade, profession, or particular kind of work.	Branco-freumaria	
b) General nature of industry, ousiness, or establishment in which employed (or employer)	(Duration) yrs. mos 4 ds.	
BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs mos ds	
10 NAME OF Edw. Walus	(Signed) G. W. Gull M. D.	
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accords.	
of Mother Bersie Walles	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds	
(Informant) Co dus, Walers	Where was disease contracted, If not at place of death?  Former or usual residence	
(Address) Manohin Md	Manobin DATE OF BURIAL	
Filed Oct 29 1915 J. G. Dekinson	20 UNDERTAKER ADDRESS	
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). - For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, ctc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "raemia," "Weakness," genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic--Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent) "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV.4 1915 BUREAU, V.S. 1 PLACE OF DEATH

1 PLACE OF DEATH	STATE OF MARYLAND	
County Jonnesch 17895	CERTIFICATE OF DEATH	
m	Registration Dist. No.	
Village or City Norm (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male While Wilsowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That   attended deceased from	
© DATE OF BIRTH  (Month) (Day) (Year)	HEREBY CERTIFY, That'l attended deceased from , 191, to, 191  that I last saw h	
7 AGE If LESS than		
7 8 yrs. 5 mos. ds. or min.?	The CAUSE OF DEATH # was as follows:	
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	no Dr in attendence dus befor the Dr Motation les prins mos	
9 BIRTHPLACE (State or country)	Secondary	
10 NAME OF FATHER Isaac I Whittington	(Signed) F. Celaus P. M. (M. 1	
I' BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME	*State the DISEASK CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.	
of Mother fallie Corellorum  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OPMY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Al place In the ef death yrs. mes. de. Stale, yra. mes. de. Where was disease controcted,	
(Informant) CL Cohellington	If not at place of death?  Former or usual residence	
(Address) Moring	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10430, 1914	
Fled 10/30, 191 5 - 3 /2 adams.	20 UNDERTAKER ADDRESS	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salasman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. mus," "Old Age," "Shock," "Uraunia," "Weakness," genital," "Senile," etc.), lapse," "Coma," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by surgical operation was undertaken. For violent deaths birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Ansemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. ncphritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"PUERPERAL septichaemia," "Dropsy," "Exhaustion," carbolic acid-probably State cause for which Never report merc "Atrophy,"



No. 1. oż Α.

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County	PLACE OF DEATH 1789	36 64	STATE OF MARYI CERTIFICATE OF I	DEATH
Village	or City Orefield 2FULL NAME March	(No, WMW	St.; Ward)	[it death occurred in a hospital or institution, give its NAME instead ot street and number.]
	PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DE	EATH
3 SEX	4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the	West down		8 ,1915 Day (Year)
6 DATE	OF BIRTH Soul Know		Daw her apolitio desert	oul, 191
particula (b) Gene business,	(Month) (Day  Gayrs	1 t LESS than 1 day,hrs.	and that death occurred on the date stated abo The GAUSE OF DEATH to was as follows:  Prof. apaptery  (Duration)	at worl
9 BIRTH (Sta	PLACE te or country)  NAME OF FATHER  Speciforse  BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME  MAIDEN NAME	and and	Contributory Secondary  (Signed)  (S	
131	BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWN AND THE BEST OF M	land OWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State Where was disease contracted, It not at place of death? Former or usual residence.	
Filed.	Address) 1915—MHG M	REGISTRAR ddress State Regis	Branch Tening	oress

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichac-"Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) Never report

